

Spring Break Camp Information Form

Name of child: _____

DOB: ____/____/____ School: _____

Parent/Guardian 1: _____ Relationship: _____

Phone 1: (____) _____ - _____ Phone 2: (____) _____ - _____

Parent/Guardian 2: _____ Relationship: _____

Phone 1: (____) _____ - _____ Phone 2: (____) _____ - _____

Additional person(s) permitted to pick up child/ Emergency contacts:

Name: _____ Phone: (____) ____ - _____ Relationship: _____

Name: _____ Phone: (____) ____ - _____ Relationship: _____

Does child have any known food allergies? ☐ Yes ☐ No

If YES, list: _____

Does child have any medical conditions? ☐ Yes ☐ No

If YES, list: _____

Is child currently on any medications? ☐ Yes ☐ No

If YES, list: _____

If YES, will child be taking medication during event hours? ☐ Yes ☐ No

If YES, does medication need to be administered? ☐ Yes ☐ No

If YES, what time and dosage? _____:_____ ☐ a.m. ☐ p.m. _____ dosage(s)

Additional information if needed:

I, _____, give my permission for my minor child to be photographed and understand that the photograph may be used by the City of Sugar Land with the understanding that the City will not profit from its use.

Signature: _____ Date: _____

Please return completed form to parkreservations@sugarlandtx.gov or fax to 281-275-2828 Attn:Kiah
Imperial Park Recreation Center • 234 Matlage Way • Sugar Land, TX